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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

18067 USA

First Named Inventor

Charles P. Simpson, Jr.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Molded Plastic Container

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 27081 OR <input type="checkbox"/> Correspondence address below			
Name <div style="text-align: center;">Attention: Nirav D. Parikh</div>			
Address			
City		State	ZIP
Country	Telephone	Fax	
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <div style="text-align: center;">Charles P.</div>		Family Name or Surname <div style="text-align: center;">Simpson, Jr.</div>	
Inventor's Signature			Date
Residence: City Adrian	State MI	Country USA	Citizenship USA
Mailing Address 4785 Basin			
City Adrian	State MI	ZIP 49221	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <div style="text-align: center;">Stephen R.</div>		Family Name or Surname <div style="text-align: center;">Guerin</div>	
Inventor's Signature <div style="text-align: center;"><i>Steph R. Guerin</i></div>			Date <div style="text-align: center;">8/13/03</div>
Residence: City Milford	State NH	Country USA	Citizenship USA
Mailing Address 19 Oakland Drive			
City Milford	State NH	ZIP 03055	Country USA
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
David P. Given Name		Piccioli Family Name or Surname	
Inventor's Signature <i>David P. Piccioli</i>		Date <i>8/12/03</i>	
Auburn Residence: City	NH State	USA Country	USA Citizenship
142 Spruce Lane Mailing Address			
Mailing Address			
Auburn City	NH State	03032 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Qiuchen Peter Given Name		Zhang Family Name or Surname	
Inventor's Signature		Date	
Perrysburg Residence: City	OH State	USA Country	USA Citizenship
290 Blue Jacket Road Mailing Address			
Mailing Address			
Perrysburg City	OH State	43551 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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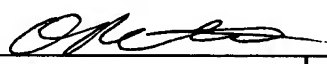
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 27081		OR <input type="checkbox"/> Correspondence address below	
Name Attention: Nirav D. Parikh			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Charles P.		Family Name or Surname Simpson, Jr.	
Inventor's Signature <i>Charles P. Simpson Sr.</i>		Date 8/13/03	
Residence: City Adrian	State MI	Country USA	Citizenship USA
Mailing Address 4785 Basin			
City Adrian	State MI	ZIP 49221	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Stephen R.		Family Name or Surname Guerin	
Inventor's Signature		Date	
Residence: City Milford	State NH	Country USA	Citizenship USA
Mailing Address 19 Oakland Drive			
City Milford	State NH	ZIP 03055	Country USA
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name David P.		Family Name Piccioli	
Inventor's Signature		Date	
Residence: City Auburn	State NH	Country USA	Citizenship USA
Mailing Address 142 Spruce Lane			
City Auburn			
State NH		ZIP 03032	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Giuchen Peter		Family Name Zhang	
Inventor's Signature 		Date 8/12/03	
Residence: City Perrysburg	State OH	Country USA	Citizenship USA
Mailing Address 290 Blue Jacket Road			
City Perrysburg			
State OH		ZIP 43551	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City			
State		ZIP	Country

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Charles P. Simpson, Jr.
Title	Molded Plastic Container
Art Unit	
Examiner Name	
Attorney Docket Number	18067 USA

I hereby appoint:

☐ Practitioners at Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Principal Attorneys:	
Nirav D. Parikh	46,394
H. G. Bruss	24,389
Associate Attorney: R. C. Collins	27,430

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Qiuchen Peter Zhang

Signature *Qiuchen Peter Zhang*

Date 08/12/03

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

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Attorney Docket Number	18067 USA

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OR

☒ Practitioner(s) named below:

Name	Registration Number
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**Name David P. PiccioliSignature David P. PiccioliDate 8/2/03

Telephone

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SIGNATURE of Applicant or Assignee of Record

Name Stephen R. GuerinSignature Stephen R. GuerinDate 8/13/03

Telephone

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Name	Charles P. Simpson, Jr.		
Signature	<i>Charles P. Simpson, Jr.</i>		
Date	8/13/03	Telephone	419-247-7766

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